

CLAIMS ONLY						
Application Number 10892C35						Filing Date
Applicant(s)						
May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
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48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

Filing Date

Applicant(s)

\* May be used for additional claims or amendments